

Single Sign-On Instructions (SSO)

Registration for the SSO

Step 1: Registration to Single Sign-On (SSO)

Skip this section if you've already registered for a SSO account.


Open your web browser (Internet Explorer) and copy this url <https://sso.state.mi.us/> in the address.

Select the Register* button from the State of Michigan Portal Page. Users must register for a SSO user ID before they can subscribe to applications.




The screenshot shows the login page for the Michigan Department of Community Health (MDCH) Single Sign-On (SSO) system. The header features the MDCH logo on the left, the text "Department of Community Health" in the center, and the Michigan.gov logo on the right. Below the header, there are two input fields: "User ID" and "Password". To the right of these fields are "Login" and "Register*" buttons. Below the buttons, there is a note: "* If you do not have a username, please click 'Register' to apply." and a link: "[I forgot my Password](#)".

Complete the requested information (some items are required *) and click on the Continue button. The Single Sign-On (SSO) system determines if the user is a State of Michigan (SOM) employee or an external (Internet) user by the email address used for registration. SOM employees must use their @michigan.gov email address.



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REGISTRATION- Step 1

* Indicates required field

First Name *

Middle Initial


Last Name *

Email Address *


NOTE: Users who have been assigned a State of Michigan email address must use this address to register.

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Non State of Michigan employees must create a unique user ID.



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REGISTRATION- Step 1

* Indicates required field

First Name *

Middle Initial

Last Name *


Email Address *

NOTE: Users who have been assigned a State of Michigan email address must use this address to register.


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Once the required fields are completed, please click on the Continue Button.

Note: State of Michigan employees will not see this screen.



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REGISTRATION- Step 2

Please Enter a four digit number to create a unique UserID : **doej** [Why should I enter this number?](#)
(OR)
Please generate a random four digit number for me : ☐ Yes ☒ No


Enter the number as it is shown in the box below * :

59142


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They can add a four-digit number to their user ID or the system can create one for them. The number presented in the blue outlined box on the bottom of the form is to protect our system from being flooded with user ID requests.

Users must type this number in the white box directly above. Users can click on the Continue button. The user is then presented with a confirmation page. The data entered by the new user is displayed for review before the data is submitted to the SSO system. If corrections are needed the user can select the Back button. If the information is correct, the user selects the Submit Button.



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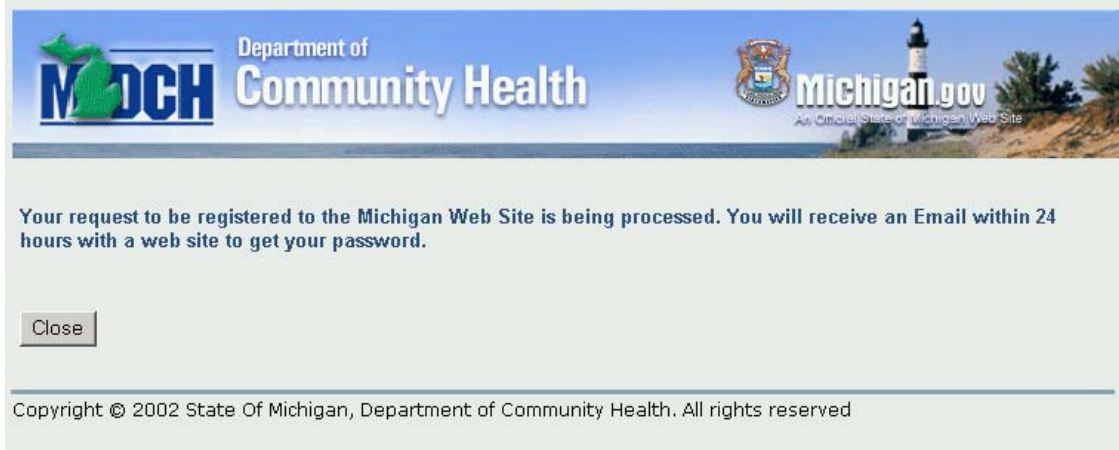
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USER REGISTRATION CONFIRMATION

Please review the following information. Click Submit

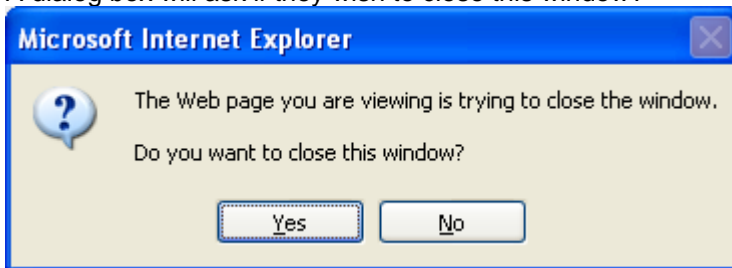
First Name	: John
Initial	:
Last Name	: Doe
Email Address	: doej@yahoo.com
Your User Id will be	: doej1971

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This completes the registration. The user will receive an Email with the user ID and a temporary password. Click the Close button and the registration is completed.

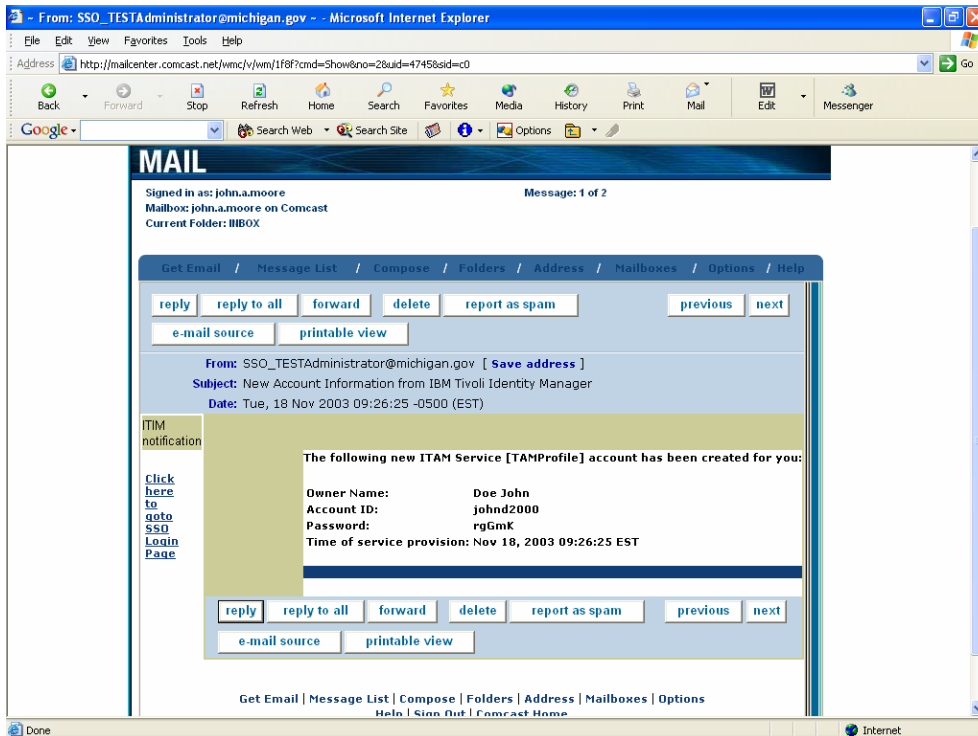
A dialog box will ask if they wish to close this window?



Users can click on yes and the web browser will close. We require that users close their internet explorer for security reasons.

The new user will receive an email with a link they can use to configure their new account. This email is sent to the email address the user listed when they registered.

The e-mail will include a link that users can click on and it will automatically bring them to the password change page. All user accounts are created with a temporary password that can only be used once. Users should highlight their password, right click on the highlighted password, and select copy from the menu. Users can then click on the [Click here to go to SSO Login Page](#) link. From this page, users can then change their password and configure their challenge/response.



Once a user has “clicked” on the link in their email, they will be taken to the Login page. Users can enter their user ID and “paste” their password. Once users click on the Login button they will be informed that their password has expired.

Input old password	:	<input type="text"/>
Input new password	:	<input type="text"/>
Confirm new password	:	<input type="text"/>

NOTE: Passwords must be at least five(5) characters in length. Passwords are case sensitive.

Once the fields have been completed, Click on Change Password.

Users will be presented with the Challenge/Response Answers screen. Please answer the four questions (and confirm these answers). This will allow users to reset their passwords (if you forget) in the future by answering these questions.

Change Challenge/Response Answers

Change your answers and click OK. You must provide an answer to each challenge.

What is your mothers maiden name?

Answer:

Confirm Answer:

What are the last four (4) digits of your social security number?

Answer:

Confirm Answer:

What is the name of the city in which you were born?

Answer:

Confirm Answer:

What is your fathers middle name?

Answer:

Confirm Answer:

Once the fields have been completed, click Ok

User ID: doej1971

[Sign Off](#)

Change Challenge/Response Answers

Your challenge/response answers have been updated.

Click OK

User ID: doej1971

[Sign Off](#)

Account Maintenance

- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

Click Done

You will be returned to the SOM-DCH Application Portal Page



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DCH Application Portal


WELCOME **John Doe**,

You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the [Subscribe to Applications](#) link below.


[Subscribe to Applications](#)
[Account Maintenance](#) [Sign Off](#)

Step 2: Subscription to Application

Click on Subscribe to Applications Link



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SUBSCRIPTION

Please Select from the list

Immunization Registry Testing

LOC Determination

Michigan Breast and Cervical Cancer Control System

Michigan Childhood Immunization Registry

Michigan Disease Surveillance System

NPI Collection for Medicaid Providers

OnLine Pending Claims

Radiation Safety Section Online Registration System

Syndromic Surveillance

Testing - Disease Surveillance Application

WIC E-Forms

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Select NPI Collection for Medicaid Providers and click continue



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Subscription For: NPIA

* Indicates required field

Work Phone*

(Include area code eg: 517-123-3456)

Your E-mail*

doej@yahoo.com


Continue

Reset


Back

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Enter Phone and click Continue



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User Enrollment Confirmation For: NPIA

Please review the following information. Click Submit or Back.

User Info

Username

: doej1971

Email Address

: doej@yahoo.com

Full Name

: John Doe

Phone Number


: 517-241-0794

Submit

Back

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Click Submit



The screenshot shows the top banner of the Michigan Department of Community Health website, featuring the MDCH logo, the department name, and the Michigan.gov logo. Below the banner, a green message box contains the text: "Your subscription request has been submitted successfully. You will be notified upon approval." A "Close" button is located at the bottom left of the message box. At the very bottom of the page, a copyright notice reads: "Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved".

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Your subscription request has been submitted successfully. You will be notified upon approval.

Close

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Next time login to SSO, the NPI Collection for Medicaid Providers Application will be available.



The screenshot shows the "DCH Application Portal" for a user named John Doe. The page has the same top banner as the previous screenshot. Below the banner, the heading "DCH Application Portal" is followed by a welcome message: "WELCOME John Doe,". The text "You are currently subscribed to the following applications:" is followed by a bulleted list containing one item: "NPI Collection for Medicaid Providers". At the bottom of the page, there are four links: "Subscribe to Applications", "Add new Roles to Existing Subscription", "Account Maintenance", and "Sign Off".

MDCH Department of Community Health Michigan.gov
An Official State of Michigan Web Site

DCH Application Portal

WELCOME **John Doe,**

You are currently subscribed to the following applications:

- [NPI Collection for Medicaid Providers](#)

[Subscribe to Applications](#) [Add new Roles to Existing Subscription](#)
[Account Maintenance](#) [Sign Off](#)

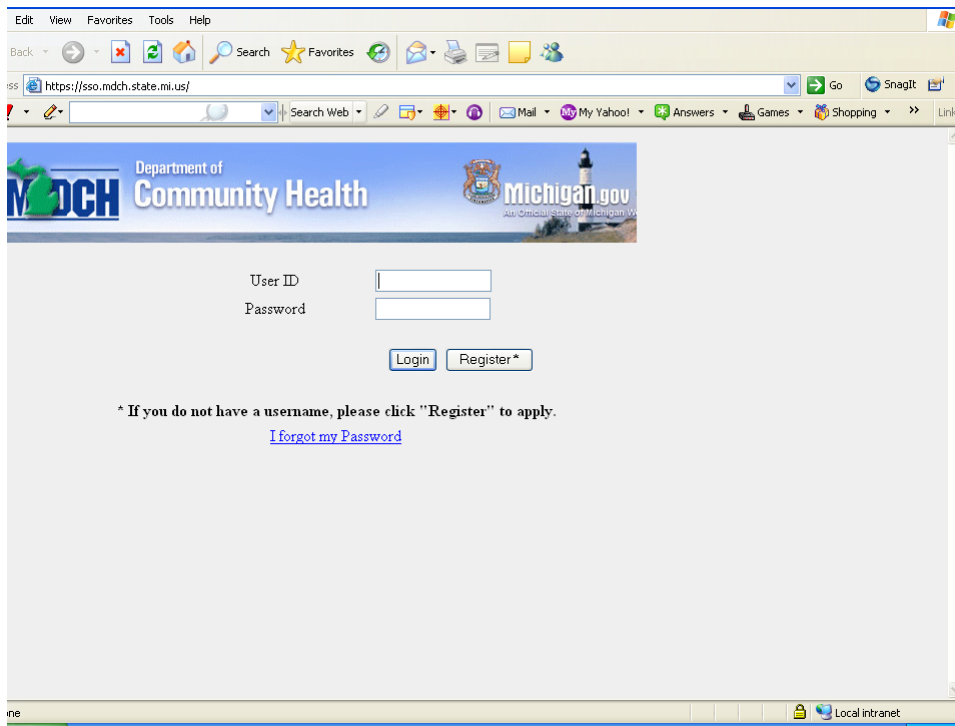
This completes the Subscription to the application using the Single Sign On.

Single Sign-on Instructions (SSO)

NPI Collection

Step 1: Log on to the SSO website (<https://sso.state.mi.us/>)

Step 2: Enter your User ID and Password then click Login



The screenshot shows a web browser window with the address bar displaying <https://sso.mdch.state.mi.us/>. The page header features the Michigan Department of Community Health (MDCH) logo and the Michigan.gov logo. The main content area contains a login form with two input fields: "User ID" and "Password". Below the fields are two buttons: "Login" and "Register *". A note below the buttons states: "* If you do not have a username, please click 'Register' to apply." Below this note is a link: [I forgot my Password](#). The browser's status bar at the bottom shows "Local intranet".

Step 3: Click on NPI Collection for Medicaid Providers



The screenshot shows the "DCH Application Portal" page. The header features the MDCH logo and the Michigan.gov logo. The main content area displays the text "WELCOME **John Doe**," followed by "You are currently subscribed to the following applications:". Below this text is a list of applications, with one item: [NPI Collection for Medicaid Providers](#). At the bottom of the page, there are four links: [Subscribe to Applications](#), [Add new Roles to Existing Subscription](#), [Account Maintenance](#), and [Sign Off](#).

Step 4: Click on Individual (If not entering Individual NPI number then skip steps 4-10)

The screenshot shows a web browser window with the address bar displaying <https://sso.state.mi.us/dch-npia/webnpi/main.do>. The browser's toolbar includes a search bar, a search button, and several icons for mail, fantasy sports, and weather. Below the toolbar, there are two tabs: "Add NPI" and "General". Under the "Add NPI" tab, there are two links: "Individual (MD, DO, DDS, DPM, OD, etc.)" and "Business (Hosp, Ambulance, Lab, ESRD, Home Health, Nursing Home, etc.)". The "General" tab is currently selected, showing a link for "Exit Application". Below the tabs, there is a version and update information section: "Version: 1.2" and "Last Updated: 05/31/2006". At the bottom, there is a blue box with the following text: "This application is to ensure that all Medicaid Billing ID Numbers are correctly associated with your appropriate NPI number. MDCH is currently not accepting the NPI number for billing purposes until May 23, 2007. Please watch the MDCH web site <http://michigan.gov/mdch> for further instructions regarding NPI."

Step 5: Enter your NPI number, Medicaid Billing ID, and then select Provider Type

The screenshot shows the "Individual" form in the Michigan NPI web application. The form has a title bar "Individual" and a "Home" link. Below the title bar, there is a message: "All fields marked with '*' are mandatory". The form contains three main fields: "National Provider Id *", "Billing Id *", and "Provider Type *". The "National Provider Id *" field is a text input box. The "Billing Id *" field is a text input box with a placeholder text "[Enter one of your Billing Id's]". The "Provider Type *" field is a dropdown menu with a list of provider types. The dropdown menu is currently open, showing the following options: "Select from list", "10-Certified Registered Nurse Anesth (CRNA)", "10-Certified Nurse Midwife(CNM)", "10-Certified Occupational Therapists", "10-Certified Physical Therapists", "10-Dentist (Oral Surgery)", "10-Nurse Practitioner (NP)", "10-Physician (MD)", "10-RN (Private Duty)", "10-LPN (Private Duty)", and "11-Physician (DO)". The "Done" button is visible at the bottom left of the form.

Step 6: View information to confirm correct

Step 7: Enter Confirmation Information

Step 8: Click Submit

The screenshot shows a web browser window titled "NPI - Microsoft Internet Explorer" displaying the "NPI Collection for Medicaid Providers" form. The form has a blue header bar with the title and a "Home" link. Below the header, a red message states: "All fields marked with '*' are mandatory". The form is divided into two main sections: "Provider Information" and "Confirmation".

Provider Information:

- Full Name :
- License Number :
- SSN :
- Provider Type :

Below this section, a red message states: "If any of the above shown information is incorrect, please send an email to providerenrollment@michigan.gov".

Confirmation:

- National Provider Id * : [This NPI will be associated with all your billing ID's]
- Confirmed By * : [Enter full name]
- Phone Number * : [Enter 10 digit phone number]
- Email Address :
- Comments :

At the bottom of the form are two buttons: "Submit" and "Cancel".

The Windows taskbar at the bottom shows the Start button, several open applications (Novell GroupWise, CNN.com, Microsoft PowerPoint, DCH Application Port...), and the system clock showing 8:12 AM.

Step 9: Review information and click Print for Confirmation

Step 10: Click Done

The screenshot shows a web browser window titled "NPI - Microsoft Internet Explorer" displaying the "NPI Collection Confirmation" form. The form has a blue header bar with the title. Below the header, the form displays the information entered in the previous step:

- Full Name :
- Email Address :
- Confirmed By :
- Phone Number :
- Tax id / EIN / FEI :
- Provider Type :

Below this information is a section titled "NPI associated" which contains a table with three columns: "NPI", "Billing Id", and "Address". The table is currently empty.

At the bottom of the form are two buttons: "Done" and "Print for Confirmation".

The Windows taskbar at the bottom shows the Start button, several open applications (ProviderSupport - No..., Mail From: Karen Darling, ProviderSupport - Ma..., DCH Application Port...), and the system clock showing 3:15 PM.

Step 11: Click on Business

The screenshot shows a web browser window with the address bar displaying <https://sso.state.mi.us/dch-npia/webnpi/main.do>. The browser's toolbar includes a search bar, search button, and various application icons. Below the toolbar, there are two tabs: "Add NPI" and "General". The "Add NPI" tab is active, showing two links: "Individual (MD, DO, DDS, DPM, OD, etc.)" and "Business (Hosp, Ambulance, Lab, ESRD, Home Health, Nursing Home, etc.)". The "Business" link is highlighted. Below the tabs, there is a version and update information section: "Version: 1.2" and "Last Updated: 05/31/2006". At the bottom, there is a blue box with a message: "This application is to ensure that all Medicaid Billing ID Numbers are correctly associated with your appropriate NPI number. MDCH is currently not accepting the NPI number for billing purposes until May 23, 2007. Please watch the MDCH web site <http://michigan.gov/mdch> for further instructions regarding NPI."

Step 12: Enter your Tax ID and select Provider Type

The screenshot shows the "Business" form in the Michigan NPI web application. The form has a title bar "Business" and a "Home" link. Below the title bar, there is a message: "All fields marked with '*' are mandatory". The form contains two fields: "Tax ID \ EINI \ FEN *" and "Provider Type *". The "Tax ID \ EINI \ FEN *" field has a text input box. The "Provider Type *" field has a dropdown menu with "Select from list" selected. Below the fields, there are three buttons: "Submit", "Clear", and "Cancel". At the bottom, there is a "Note" section with two paragraphs of text. The first paragraph says: "If you have NPI's that do not fit correctly with the Medicaid Billing ID's that MDCH previously assigned, send an email to providerenrollment@michigan.gov explaining your additional NPI's and how they are assigned. Provider Enrollment will then contact you." The second paragraph says: "If you have Multiple NPI's for a single Medicaid Billing ID number, send an email to providerenrollment@michigan.gov explaining your additional NPI's and what they are assigned to. Provider Enrollment will then contact you."

Step 13: Confirm Full Name, Tax ID, and Provider Type

Step 14: Enter NPI number associated with Billing Id and address (if NPI number represents more than one billing ID then enter NPI for each billing it is associated with)

Step 15: Enter confirmation information

Step 16: Click Submit

The screenshot shows a web browser window titled "NPI - Microsoft Internet Explorer". The page is titled "NPI Collection for Medicaid Providers" and includes a "Home" link. A note states: "All fields marked with '*' are mandatory".

Provider Information

Full Name : Tax Id / EIN / FEI :
Provider Type :

If any of the above shown information is incorrect, please send an email to providerenrollment@michigan.gov

[1] Billing Id's associated with Tax id [] & Provider Type [] each require NPI:

#	NPI	Billing Id	Address
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Confirmation

Confirmed By : [enter full name] Phone Number : [enter 10 digit phone number]
Email Address :
Comments :

Submit Cancel

Step 17: Review information and click Print for Confirmation

Step 18: Click Done

The screenshot shows a web browser window titled "NPI - Microsoft Internet Explorer". The page is titled "NPI Collection Confirmation".

Full Name :
Email Address :
Confirmed By :
Phone Number :
Tax Id / EIN / FEI :
Provider Type :

NPI associated

NPI	Billing Id	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Done Print for Confirmation